



# Toddler Fun Time <sup>2016</sup>

This half hour program is geared for children ages **1 to 3** and is held in the Recreation Center in a four week session. Each week the children will have a brief circle time, be introduced to arts & crafts to build their fine motor skills before pre school. Children must be accompanied by an adult and must be 1 to 3 years of age by the start of the program. No exceptions. We accept 10 children per class. Registrations will be taken on a first come first serve basis. In order to register, this form must be completely filled out and payment must be made. Proof of residency and / or birth certificate maybe required. A minimum of five (5) children is required to begin the class. Personal checks made payable to "Middlesex Rec. Dept." and cash are accepted as payment.

## Thursdays 10:30AM-11:00AM



- Residents: \$25 per session
- Non-residents: \$35 per session

Fee is based upon participant's residence.

Three sessions are offered in 2016. Child must be 1 to 3 years old by the session (s) start date.



### SESSION 1

September 22  
September 29  
October 6  
October 20

### SESSION 3

December 8  
December 15  
December 22  
January 5

### SESSION 2

October 27  
November 3  
November 10— NO CLASS  
November 17  
December 1



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Please print clearly in ink and return to the Recreation Department during office hours or mail to: Middlesex Recreation Dept., 1200 Mountain Ave., Middlesex, NJ 08846. Please make checks payable to "Middlesex Rec Dept." We also accept cash.



Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Parent Name: \_\_\_\_\_ cell# \_\_\_\_\_

Parent Name: \_\_\_\_\_ cell# \_\_\_\_\_

Contact Email \_\_\_\_\_

Person/People bringing child to class (use back for more names):



\_\_\_\_\_ relationship to child \_\_\_\_\_

\_\_\_\_\_ relationship to child \_\_\_\_\_

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of:



Emergency contact \_\_\_\_\_ phone# \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.



Parent signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



OFFICE USE ONLY—DO NOT WRITE IN BOX

PAID FOR:

Session 1 Recpt# \_\_\_\_\_ Date \_\_\_\_\_

Session 2 Recpt# \_\_\_\_\_ Date \_\_\_\_\_

Session 3 Recpt# \_\_\_\_\_ Date \_\_\_\_\_